FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000032248

Corporation Name

SHADOWCHASER, INC.

| Principal Place of Business | |
|-----------------------------|--|

9213 CROMWELL GARDENS COURT ORLANDO FL 32827

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

9213 CROMWELL GARDENS COURT ORLANDO FL 32827

1 19611941 188 18141 18

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90034 009 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

04/07/1998

4. FEI Number

| 3 | | 28 | | | | Trust Fund Contribution | <u> </u> | Added to | Fees |
|----------------------|---|---------------------|--------------------|------------------------------|------------------------|--|------------------|-------------------------------|------------------------|
| Zip | Country | Zip | | Country | | 8. This corporation owes the cu | rrent year Inta | | |
| 4 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Current R | Registered Ager | ıt | | | 10. Name and Address of New | Registered A | Agent | |
| | EQ DIQUISD ! | | | 81 | Name | | | | |
| | ES, RICHARD J | | | 82 | Street Addre | ess (P.O. Box Number is Not Accep | table) | 4 | |
| 215 NORTH EOLA DRIVE | | | | | •••• | | | | |
| ORLA | ANDO FL 32801 | | | 83 | | | | | |
| • | | | | 84 | City | | | 85 Zip C | Code |
| | • | | | | • | | FL | | |
| office or re | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of | Florida. Such ch | ange was autho | orized by | tne corporatio | pration submits this statement for the on's board of directors. I hereby acce | e purpose of o | changing its itment as req | registered gistered |
| agent. I ar | m familiar with, and accept the obligation | ns of, Section 60 | 7.0505, Florida | Statutes. | | | | | |
| SIGNATURE | | Low Marie | MINTE A | | t elemeture executer : | Luthon reinetating) | DATE | | |
| | Signature, typed or printed name of registered agent ar OFFICERS AND | | (NOTE: Reg | istered Agen | t signature required | ADDITIONS/CHANGES TO O | | D DIRECTO | RS IN 12 |
| 12. | D OFFICERS AND | | DELETE | 1.1 TITLE | | ADDITIONA/OFFARES TO O | | Change | Addition |
| ļ | JAMIESON, PETER GREGOR | | | 1.2 NAME | | | | | |
| NAME | 9213 CROMWELL GARDENS CO | ΙΩΤ | | 1.3 STREET | ANNRESS | | | | |
| STREET ADDRESS | ORLANDO FL 32827 | UNI | | | | | | | |
| CITY-ST-ZIP | D | | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | Change | Addition |
| NAME | HOVIUS, ARNO ANTHONIUS J | _ | D234.4 | 2.2 NAME | | | | | |
| STREET ADDRESS | BUISWEG 87- | | | · 2.3 STREET | ANDRESS | | | - در | - <u>-</u> - |
| | 1222 GB HILVERSUM NETHERLA | ND | | 2.4 CITY-S | | | | | |
| CITY-ST-ZIP { | D THEVEINOUN NETTLEMEN | | DELETE | 3.1 TITLE | · | | | Change | Addition |
| NAME | ARMOUR, DONALD CHARLES G | _ | | 3.2 NAME | | | | | |
| STREET ADDRESS | PLESMANLAAN 30 | | | 3.3 STREET | ADDRESS | | | | |
| | 8072 PT NUNSPEET | | | 3.4. CITY-S | | | | | |
| CITY-ST-ZIP TITLE | D D | | DELETE | 4.1 TITLE | 1 8.01 | | | Change | Addition |
| NAME | MORGAN, CLIFFORD R II | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | % 9316 THURLOE PLACE | | | 4.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32829 | | | 4.4 CITY-ST | | | | | |
| TITLE | OTILITADO I E OZOZO | | DELETE | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | | _ | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST | r-ZIP | | | | |
| TITLE | | | DELETE | 6.1 TITLE | - | | | Change | ☐ Addition |
| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST | r-ZIP | | | | |
| 14 Lhoroby o | certify that the information supplied with on this annual report or supplemental ar | this filing does no | ot qualify for the | exemnti | on stated in S | Section 119.07(3)(i), Florida Statutes | . I further cert | ify that the in | nformation |

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PETEL GLEGAR PAMIESIN - MESADENT

4/28/11

407-852-1993

2EU34 (11/96)